PATENT APPLICATION FEE DETERMINATION RECORD 709 015										
CLAIMS AS FILED - PART I							XIIII C	RS	OTHER TO MALL EN	MY
(Column 1) (Column 2) FOR NUMBER FILED NUMBER EXTRA						RATE	FEE	F	TATE	FEE
S.:							380.00	DR	7	60.00
ASI	FEE)(\$.9=		OR >	C\$18=	-
TOTA	L CLAIMS		minus 20= °			}			X78=	
NDEPENDENT CLAUMS minus 3 = 0)C39=		- n		
AULTIPLE DEPENDENT CLAIM PRESENT								OR	+260=	
of the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL									لي	
OINER THAN										MAM
7	レンクレベル	의배공 AS Ar (Column 1)		(Cotumn 2)	(Column 3)	SMALL		OR S		ADDI-
ĕ		CLAIDAS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	PATE	ADDI- TIONAL FEE	-		TIONAL FEE
AMENDMENT		AMENDMENT	Minus	# 20	2	16 E		OR	X\$ 18=	
		0	Minus	000 (0	2	\$ 100/		OR	X186=	
	Independent of	' '/'		ENDENT CLAIM		1		OR	+260=	
	THOTTILLO					130= TOTAL	7		TOTAL	
ADDIT, FEE ADDIT, FEE										
•		(Column 1)_	·	(Column 2)	(Column 3)		ADDI-	} [ADDI-
8		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	TIONAL		RATE 50	TIONAL
REM	~	AMENDMENT	Minus	00	E .	X35	l' 	OR)(\$ 19 =	
AMEND	Independent	0	Minus	000	a	700 7089 =		OR)08 =	
A BB	FIRST PRESE		ULTIPLE DE	PENDENT CLAIM		100	1		+260=	
					·	+130=		RO	YOTAL	}[}[
				4		ADDIT. FE	EL	JOR	ADDIT. FEE	<u></u>
		(Column 1)		(Column 2)	(Column 3)			a 1	كنت حت ا	ADD1-
2		CLAIMS REMAINTHG AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	PATE	ADDI- TIONAL FEE		PATE	TIONAL
ER.		AMENDMENT		PAID FOR		705 1000		OR)03 130=	₩
MENDMENT	Total	٥	Minus	∞	E	×680		╣	200	
E	Independent	0	Minus	COSTONENT CLA)(39 =		OR		-
A	FIRST PRESE	+130=		OR	+260=					
	If the entry in col	umm 1 is less then	the entry in or Paid For IN T	ctiumn 2, write "0" in HIS SPACE is lace t IHIS SPACE is locs	column 3. then 20, enter "20	ADOIT. FE	E	OR	Marin .	E
8	The Thighest N	umber Previously	Peld For IN T	HIS SPACE IN 1683 I ou bridspandent) le	enen 3, enner 3. the highest numb	St Marin areas	comonicte	box tric	Xolumn T.	·
V	The "Highest Nu	прак намолату і	- = 10 100				edementa Osto	U.B. D	EPYATMENT	OF CONTACT
A-						PERSON COMP 19		-	•	